

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Dmitry Vladimirovich ZYBIN, et al.

Serial No.:

09/890,496

Group No.: 1642

Filed: July 31, 2001

Examiner: K.A. Canella

For:

APPLICATION OF POLYACRYAMIDE GEL FOR FORMING A CAPSULE IN THE TISSUE

OF A MAMMAL ORGANISM, METHOD FOR CULTIVATING CELLS AND METHOD

FOR THERAPY OF ONCOLOGICAL DISEASES ANDTHE DIABETES MELLITUS

RESPONSE UNDER 37 C.F.R. 1.116 EXPEDITED PROCEDURE **EXAMINING GROUP** 1642

RECEIVED

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TECH CENTER 1600,2900

Box AF Assistant Commissioner for Patents Washington, D.C. 20231

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AMENDMENT OR RESPONSE AFTER FINAL REJECTION—TRANSMITTAL

CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10*

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02/20/2003 TTRAN1

1.	Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application							
NOTE:	Response to Final Rejection—Avoiding Extension Fees "In patent applications wherein a three month Shortened Statutory Period (SSP) is set for response to a Final Rejection, the response would best be filed within two months of the date of the Office Action, If filed within two months, any Advisory Action mailed after the SSP expires will reset the SSP to expire on the date of the Advisory Action for extension fee purposes, but never more than six months from the date of the Final Rejection." Notice of Nov. 30, 1990 (1122 O.G. 571 to 591).							
_				STATUS				
2.	Applic							
	[X]		entity. A state	ement:				
		[]	is attached.					
		[X]	was already f					
	[]	other th	nan a small ent	ity.				
				EXTENSION OF TERM	[
NOTE:	As to a 2 O.G. 34	As to a Supplemental Amendment filed in response to a final office action, the Notice of December 10, 1985 (1061 O.G. 34-35) states:						
		filing and of the sh allowand	d/or entry of a Not ortened statutory	been filed after a Final Office Ac ice of Appeal or filing and/or ent period unless the timely-filed re Notice of Appeal has been filed w	ry of an additional a sponse placed the a	amendment after expiration application in condition for		
3.			(con	plete (a) or (b), as applica	able)			
	(a)	(a) [X] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked below:						
		Extensi	on	Fee for other th	an .	Fee for		
		(month	<u>s)</u>	small entity		small entity		
	[]	one mo	•	\$ 110.00		\$ 55.00		
	[X]	two mo	nths	\$ 410.00		\$ 205.00		
	[]	three m	onths	\$ 930.00		\$ 465.00		
	[]	four mo	onths	\$ 1,450.00		\$ 725.00		
				Fee:	\$ <u>205.00</u>			
If addit	tional ex	tension (of time is requ	ired, please consider this a	petition therefo	or.		
			(check and	complete the next item, if	applicable)			
	[]	•						
	•		Extension fee	due with this request	\$ 205.00			
				OR				
	(b)	[]	tional petition	ieves that no extension of a is being made to provide overlooked the need for a	for the possibi	lity that applicant has		
			(Am	endment or Response After Fina	l Rejection—Trans	mittal—page 2 of 4) 9-20		

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY		
	Claims			<u></u>					
	Remainin After Amendme		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	ı OR	Rate	Addit. Fee
Total	*	Minus	**	=	x \$ 9 =	\$		x \$18 =	\$
Indep.	*	Minus	***	=	x \$42 =	\$		x \$84 =	\$
[] Firs	t Presentati	on of Mul	tiple Depender	nt Claim	+ \$140 =	\$		+ \$280 =	\$
					Total Addit. Fee	\$	OR	Total Addit. Fee	\$

^{*} If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

WARNING: See 37 C.F.R. § 1.116.

(complete (c) or (d), as applicable)

(c) [] No additional fee is required.

OR

(d) [] Total additional fee required is \$ _____

FEE PAYMENT

5. [X] Attached is a check in the sum of \$ 205.00.

[] Charge Account No. _____ the sum of \$ _____

A duplicate of this transmittal is attached.

^{**} If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

FEE DEFICIENCY

NOTE: Where there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the case. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

AND/OR

If any additional fee for claims is required, charge Account No. 12-0425

SIGNATURE OF PRACTITIONER

Reg. No.: 34,678

Tel. No.: (212) 708-1914

Customer No.:

CYNTHIA R. MILLER (type or print name of practitioner)

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